

City of Berlin –Street Privilege Permit Checklist

Name of Event _____

18-401 Street Privilege – Temporary construction (Dumpster, bucket truck, sidewalk blocked etc.)

Use of City streets, sidewalks, street parking spaces

Street Privilege – Sidewalk café (table, chairs, service of food etc.)

Street Privilege – Automobiles in terrace (ex. West Side Garage)

18-402 Special Vending – Multiple vendors (Sidewalk sales etc.)

- Date application submitted: _____
- _____ COMPLETE APPLICATION Submitted no less than 45 days prior to requested start date for sidewalk café (45 days time period may be waived if the permit request is Recurring)
- _____ Description of requested activity, sketch of location, or outlined map if needed
- _____ CERTIFICATE OF LIABILITY INSURANCE (Unless Exempt) In the Amount of \$1,000,000 BODILY, \$500,000 PROPERTY for EACH OCCURRENCE with THE CITY OF BERLIN NAMED AS AN ADDITIONAL INSURER

Expiration date: _____

- _____ SIGNED INDEMNIFICATION AGREEMENT (Required for all permits.)

- _____ FEE OF TWENTY DOLLARS (\$20.00) Date of payment:

➤ _____

- _____ Reviewed by City Attorney (Fax copy to office of New and Recurring – annual or up to 18 months)
- _____ Reviewed by Chief of Police (New only, for recurring give FYI copy)
- _____ Reviewed by Street Superintendent (New only, for recurring give FYI copy)
- _____ Date of Council Meeting for new approvals

NOTES:

CITY OF BERLIN PERMIT APPLICATION

Street Privilege and Special Event Vending

(Provisions of SEC. 18-401 thru SEC.18-402 Municipal Code Apply)

If you need additional space for any answers, attach additional sheets as necessary

_____ **18-401 Street Privilege**
(Temporary Construction)

_____ **18-401 Street Privilege**
(Sidewalk Café)

_____ **18-402 Special Event Vending***
(Multiple Vendors 18-402(a)(3) (c)(2))

Applicant's Name: _____ Date of Application: _____

Applicant's Telephone Number: _____ Applicant's DOB/Organized: _____

Applicant's Address: _____

Purpose of Application Request: _____

If applicant is an organization, provide the name(s), title(s) or position(s), address(es), and telephone number(s) of authorizing official(s) (for corporations, all officers and directors, for LLC's, all members and managers, for partnerships, all partners, for trusts, all trustees):

Name, Title, and Address	Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If applicant is an organization (corporation, LLC, partnership, trust, etc), provide the name(s), title(s) or position(s), address(es), and telephone number(s) of person(s) responsible for this request:

Name, Title, and Address	Telephone Number
_____	_____
_____	_____
_____	_____

Details of Activity or Event: (For extended details, use the back of this form and include sketch(es) or drawing(s) of the proposed obstruction, sidewalk café, or event).

What: _____

When: _____ Duration: _____

Where: _____

***Note:** Applicants for special event vending permit must be an organization representing at least 25 businesspersons, all of whom operate either a retail, service, manufacturing, or wholesale business within the city.

If applying for a special event vending permit, the permit will apply to: (check one)

_____ All businesses operating within the city _____ Only specified businesses represented by the applicant

If the only specified businesses option is selected, attach a separate list or list on the back of this form the businesses participating in the event including name, address, and telephone number of each business.

Applicant or Applicant's Agent's Signature: _____

Name of Person Signing (please print): _____

Title of person signing (if applicant is organization): _____

For Office Use Only:

Included with Application: _____ Fee _____ Indemnification Form _____ Liability Insurance

Reviewed by: _____ City Attorney _____ Chief of Police _____ Street Superintendent

Common Council Approval: _____ Yes _____ No _____ NA (Recurring or Temporary Construction)

Recommendation: Conditions for Approval or Reasons for Denial:

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Name

Telephone Number

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



City of Berlin

P.O. Box 272 108 North Capron Street
Berlin, WI 54923
920-361-5400 Phone 920-361-5454 Fax

Indemnification, Defense, and Hold Harmless Agreement

The undersigned, as an applicant for a permit from the City of Berlin, hereby agrees to indemnify, defend, and hold harmless the City of Berlin and its employees and agents against all claims, liabilities, loss, damages, or expenses against or incurred by the City of Berlin on account of any injury to or death of any person, or any damage to property, caused by or resulting from the activities for which the permit was granted.

Specifically this Agreement applies to:

(Description of Event)

On: _____
(Date(s) of Event)

By: _____
(Name of Applicant)

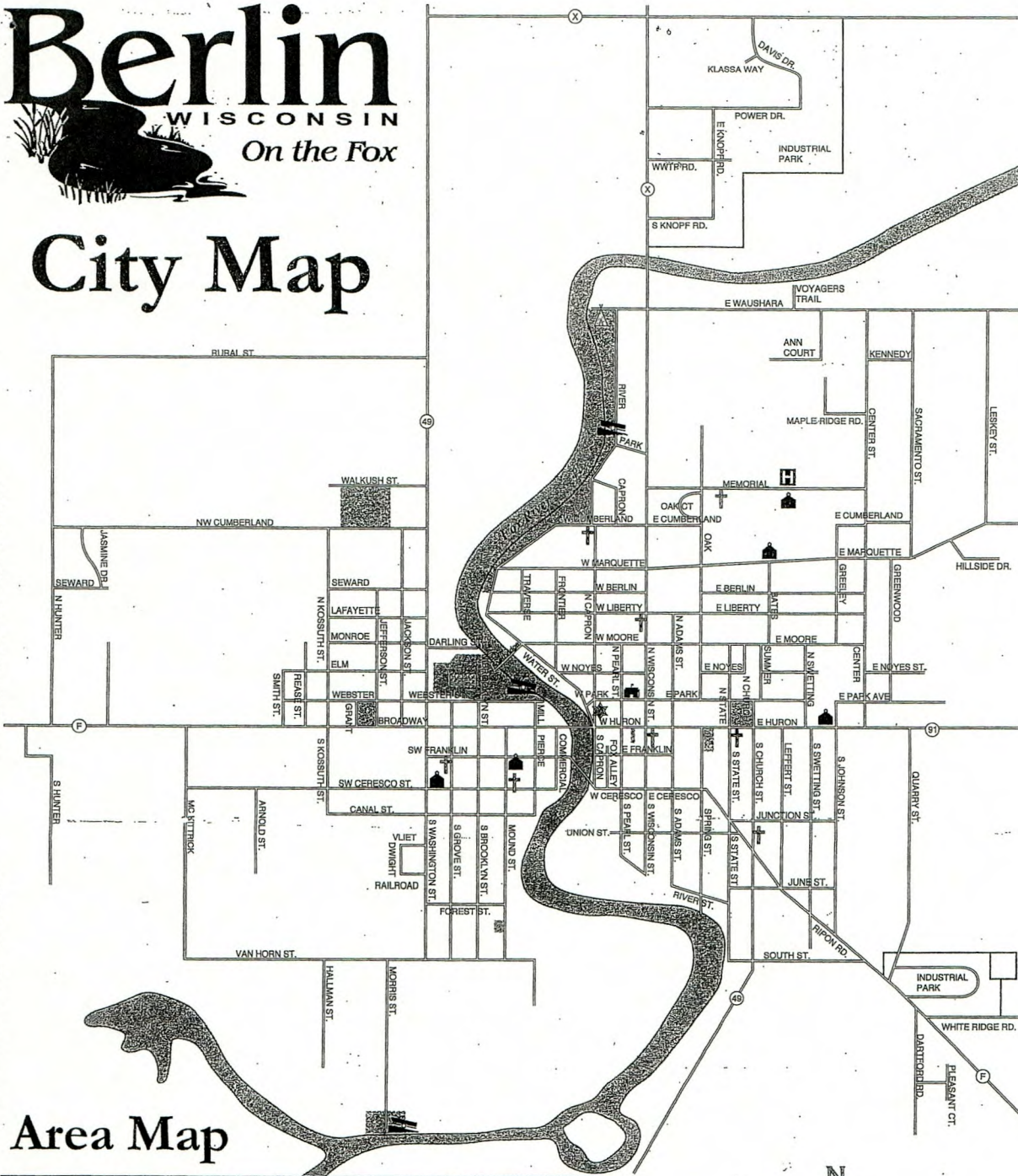
On Behalf Of: _____
(Name of Organization and Title if applicable)

If signing on behalf of an organization, you must have authority from the organization to sign an agreement like this. By signing this agreement, you are warranting to the City of Berlin that you have such authority.

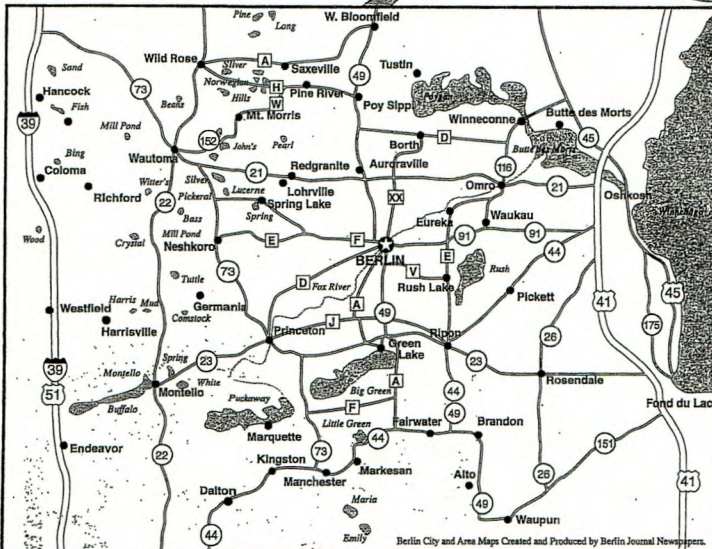
Berlin

WISCONSIN
On the Fox

City Map



Area Map



MAP KEY	
	Schools
	Churches
	Library
	City Hall/ Police Station
	Campground
	Hospital
	Aquatic Center
	Boat Landings
	Parks